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	in this information to identify the control of the	entity your ca											
00,	<u></u>	Cloria Cos	enza			-							
	otor 2 ouse, if filing)					_							
Uni	ted States Bankruptcy	Court for the:	EASTERN DISTRICT	OF PENNSYLVANI	A	_							
Case number 18-17592							Ch	eck if this is	:				
(If kr	nown)			-				An amende	ed filing				
										g postpetition ollowing date:			
0	fficial Form 10	<u> 261</u>						MM / DD/ Y	YYYY				
S	chedule I: Yo	our Inco	ome								12/1		
atta		this form. (r spouse is not filing w On the top of any additi										
١.	information.	ient		Debtor 1				Debtor 2	Debtor 2 or non-filing spouse				
	If you have more than		Employment status	■ Employed				☐ Employed					
	attach a separate page with information about additional employers.		Employment status	☐ Not employed				☐ Not employed					
			Occupation	Administrative Assistant									
	Include part-time, sea self-employed work.	isonai, or	Employer's name	Boscovs									
	Occupation may inclu or homemaker, if it ap	ker if it annlies			Reading, PA 19601								
			How long employed t	here? 10 yea	rs								
Par	t 2: Give Details	About Mon	thly Income										
	mate monthly income use unless you are sepa		ate you file this form. If	you have nothing to	report for	any li	ne, wı	ite \$0 in the	space. Inc	clude your no	n-filing		
	ou or your non-filing spo e space, attach a separ		re than one employer, co	ombine the information	on for all	emplo	yers f	or that perso	on on the li	nes below. If	you need		
							For D	ebtor 1		btor 2 or ng spouse			
2.	List monthly gross videductions). If not pa			2.	\$		3,336.00	\$	N/A				
3.	Estimate and list monthly overtime pay.				3.	+\$		0.00	+\$	N/A			
4.	Calculate gross Inco	ome. Add lin	e 2 + line 3.		4.	\$	3,	336.00	\$	N/A			

Official Form 106I Schedule I: Your Income page 1

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Deb	tor 1	Victoria Cosenza	_	(Case n	umber (<i>if kn</i>	own)	18-1	7592		
					For D	Debtor 1			Debtor		
	C	ur line A have	4		Φ.	2 220	00		-filing s		
	Cot	by line 4 here	4.		\$	3,336	.00	\$		N/A	_
5.	List	all payroll deductions:									
	5a.	Tax, Medicare, and Social Security deductions	5a	١.	\$	658	.00	\$		N/A	
	5b.	Mandatory contributions for retirement plans	5b).	\$.00	\$		N/A	_
	5c.	Voluntary contributions for retirement plans	5c		\$.00	\$		N/A	_
	5d. 5e.	Required repayments of retirement fund loans Insurance	5d 5e		\$.00	\$_ \$		N/A	_
	5f.	Domestic support obligations	5f.		\$ 	624 0	.00	\$ 		N/A N/A	_
	5g.	Union dues	5g		\$.00	\$_		N/A	_
	5h.	Other deductions. Specify:	5h	1.+	\$			+ \$		N/A	_
6.	Add	I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$	1,372	.00	\$		N/A	
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$	1,964	.00	\$		N/A	
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total									_
		monthly net income.	8a	۱.	\$	0	.00	\$		N/A	<u>·</u>
	8b.	Interest and dividends	8b).	\$	0	.00	\$		N/A	_
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c		\$	0	.00	\$		N/A	
	8d.	Unemployment compensation	8d		\$.00	\$_		N/A	_
	8e.	Social Security	8e) .	\$.00	\$		N/A	_
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	e 8f.		\$	0	.00	\$		N/A	_
	8g.	Pension or retirement income	8g		\$.00	\$		N/A	_
	8h.	Other monthly income. Specify: 2017 tax refund pro rata	8h		\$	345	.00	+ \$		N/A	_
		contribution from boyfriend			\$	2,000	.00	\$		N/A	_
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	;	\$	2,345	.00	\$		N/A	A
10	Cal	culate monthly income. Add line 7 + line 9.	10.	\$	4	,309.00	+ \$		N/A	= \$	4,309.00
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.				,000.00			- 47.		1,000100
11.	11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00										
12.		If the amount in the last column of line 10 to the amount in line 11. The resident that amount on the Summary of Schedules and Statistical Summary of Certailies							12.	\$	4,309.00
13.	Do	you expect an increase or decrease within the year after you file this form	?						·	Combi month	ned ly income
		No. Yes. Explain:									

Official Form 106l Schedule I: Your Income page 2